| OIPE | | PARTB | - FEE(S) 1 RA | NSMITTAL | | |
|--|---|---|--|--|--|--|
| | his form, together wit | h applicable fe | e(s), to: <u>Mail</u> or Fax | Mail Stop ISSUE Commissioner for P.O. Box 1450 Alexandria, Virgi (703) 746-4000 | Patents | |
| INSTRUCTIONS: Ins for appropriate. All furner con integrated unless corrected to maintenance fee notification | m should be used for tran respondence including the l below or directed otherwise | smitting the ISSUE Patent, advance ord in Block 1, by (a) | FEE and PUBLIC ers and notification specifying a new c | CATION FEE (if require of maintenance fees with correspondence address; | red). Blocks 1 through 5 s ill be mailed to the current and/or (b) indicating a sep | thould be completed where correspondence address as arate "FEE ADDRESS" for |
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| APPLICATION NO. | FILING DATE | FIRST NAMED INVE | | TOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| 10/032,829 10/19/2001 Mary Rece Holt KCX-454 (17074) 6183 TITLE OF INVENTION: SPINDLE SYSTEM, APPARATUS, AND METHODS FOR APPLYING SPINDLE APPARATUS | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FE | E PI | JBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1370 | | \$300 | \$1670 | 01/28/2005 |
| EXAMINER | | ART UNIT (| | ASS-SUBCLASS | | |
| NERBUN, PETER P | | 3765 | | 700-139000 | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE Kimberly-Clark Worldwide, Inc. (B) RESIDENCE: (CITY and STATE OR COUNTRY) 401 North Lake Street Neenah, Wisconsin 54956 | | | | | | |
| Please check the appropriate | assignee category or catego | ries (will not be prir | | | | oup entity Government |
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| Authorized Signature | | | | Date | -27-05 | |
| Typed or printed name Bernard S. Klosowski, Jr. | | | · | Registration 1 | 7-27-05 No. 47,710 | |
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